



# PEPtalk

News you can use  
from PEPFAR Côte d'Ivoire

No. 14, April 2011

## Coordinator's Corner

Things are moving so fast in Côte d'Ivoire these days that what we write will probably be outdated by the time you read it. The plan we make today may be overtaken by events tomorrow. The service we put in place yesterday may be obsolete after next week's population movements.



And yet our colleagues and partners keep moving ahead – with gunfire in the distance and displaced relatives needing to be fed and sheltered – to conduct that meeting and finish that report, to go the extra mile to make sure those ARVs arrive, to revise or implement that emergency policy, to take a moment to offer support to a worried colleague. Amid the scary, overwhelming events of the crisis, they refuse to lose sight of the goal of helping those affected by the HIV/AIDS epidemic.

These daily acts of courage are as real as the banking crisis and the next roadblock, and they deserve recognition and thanks. In this *PEPtalk*, we start with a brief overview of how PEPFAR CI is adapting to the crisis (see story at right), and we close with a message of support from U.S. Global AIDS Coordinator Eric Goosby (Page 4).

In between, we take a few moments to celebrate our advances, in the face of adversity and uncertainty, and to take inspiration from the fortitude of our colleagues on the PEPFAR CI team, local and international NGO partners, and ministries, as well as the courage and perseverance of people living with HIV throughout Côte d'Ivoire.

**Jennifer Walsh**  
PEPFAR Country Coordinator

## PEPFAR CI to focus on essential services

In response to security and cash-flow problems that limit implementation and oversight of HIV/AIDS activities, the PEPFAR Côte d'Ivoire team is moving to streamline the program temporarily to ensure the continuation of essential services during the country's crisis.

The objective of this short-term streamlining is to maintain effective implementation and supervision of the following priority services:

- \* Supply chain for antiretrovirals (ARVs) and other drugs and commodities
- \* Antiretroviral therapy (ART) and care for people living with HIV/AIDS and TB/HIV
- \* Care and support for orphans and vulnerable children (OVC)
- \* Blood safety
- \* PMTCT services
- \* Prevention and mitigation of gender-based violence (GBV) and HIV prevention targeting people living with HIV (PLWHA)

Based on these priorities, PEPFAR CI management and technical teams identified essential activities and the 15 partners needed to conduct them, along with three U.S.-based partners who can continue to make contributions with minimal cash and/or monitoring assistance. All other activities have been recommended to be terminated (three awards) or put on hold (21 awards) until the operational environment stabilizes or a further program alignment becomes necessary as the ordered departure of American staff approaches the six-month mark (June 2011).

### Inside:

- ✓ Partners go to extraordinary lengths — 90 km on a bicycle? — to keep helping: P. 2
- ✓ Generic ARVs: 2 new imports will save millions of dollars: P. 3
- ✓ National standards validated for peer education and OVC care and support: P. 3

"Our intent is not to shut down any part of the program," said PEPFAR Country Coordinator Jennifer Walsh, "but instead to minimize unnecessary risk to colleagues and waste of resources while remaining poised to resume full program activities as soon as possible, when the situation returns to normal."

Activities recommended to be put on hold include a wide range of behavioral HIV prevention and testing interventions as well as systems strengthening, capacity building, and technical assistance activities cutting across all programmatic areas, including all training not directly needed to implement essential services.

The program is continuing to work with ministry technical counterparts and other donors to refine and operationalize contingency plans, including plans to ensure delivery of ARVs and treatment services in a worst-case scenario; to support implementing partners in the field; and to strengthen project oversight by in-country staff as well as displaced senior managers.

## On the wings of a wheelbarrow: Income builds pride for OVC mom

Even after many months of "hurting all over," failed attempts at indigenous healing, a positive HIV test, and a doctor's prescription, Yolande was reluctant to accept that she needed antiretroviral therapy (ART).

"I said, 'It's not that.' I didn't accept it," the 42-year-old mother of three recalled. "I didn't want to take the treatment. But the sickness wouldn't let me be."

Then Anicette, a community caregiver in Duékoué, in western Côte d'Ivoire, "started coming every two to three days, to see how I was doing. She gave me advice on how to take my medication. She's the one that really explained it well."

Anicette is one of 220 community caregivers trained by PEPFAR/USAID partner Save the Children to provide care and support to orphans and vulnerable children (OVC) and their families in western Côte d'Ivoire, an area severely affected by the country's decade-long political and military crisis. Save the Children focuses on building the capacities of local government entities and nongovernmental organizations, whose community caregivers (selected in consultation with the children of the community) perform regular home visits and basic social-work tasks

and provide referrals to health care and other services.

Once ART had helped Yolande regain her health, Anicette helped her plan for how to support her family. One critical input was a wheelbarrow to allow Yolande to expand her small produce business.

"This makes the whole thing work," Yolande said in September, displaying her piles of spinach, eggplant, peppers, onions, garlic, cabbage, cucumber, okra, smoked fish, tomatoes, and palm nuts

alongside small packets of peanut paste, powdered pepper, red palm oil, salt, and vegetable stock. "Here, when we finish at the market at the end of the day, we take our produce with us. It can't stay at the market as there's no security. At home we keep it with us, in the main room."

With a small financial investment, training, and



A wheelbarrow and the support of a community caregiver helped Yolande build her produce business and her pride. Photo by Annie Bodmer-Roy / Save the Children.

continuous support, Save the Children's income generating activities have provided more than 250 families with added income to help ensure that children have enough to eat, access to medical care, and the chance to go to school.

"Their father helps pay for their school fees, but it's me that pays for all of their food and ... clothes," Yolande said proudly. "Things like pens, paper, notebooks — I pay for these things, too. If someone gets sick, the money I make helps to treat them — me or my kids."

"It's the first time that, when I look at myself, I feel OK."

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Since that interview, Duékoué has experienced heavy ethnic and political clashes that have displaced thousands of people from their homes. "I had to stop selling for three weeks because of insecurity in my neighborhood — every day there were gunshots or rumors of an attack," she said in March. "My activities suffered."

But Save the Children and its subpartners were continuing their support in the area, and Yolande was continuing to work — and to smile.

"I gave myself an objective: to always be present at the market in order to keep my customers, to protect my capital, and to provide for my children's needs."

**C**DC/PEPFAR partner **Health Alliance International (HAI)**, which supports antiretroviral therapy (ART) for 1,035 patients at 35 sites (along with HIV care, PMTCT, HIV testing, and other services) in north-central Côte d'Ivoire, has developed a contingency plan that aims to maintain ART services to 85% of patients under current conditions and 70% of patients under a worst-case scenario.

With at least 40% of supported sites depending on unqualified staff, strategies already being implemented include using a system of visiting physicians to provide services in health facilities where medical staff is absent; supporting cell-phone costs for auxiliary staff to contact designated physicians to discuss prescription renewals; and supporting community health workers who track patients and organize support group meetings.

For patients with difficult access, HAI is providing a two-month supply of ARVs. HAI is also expanding the use of patient cards for all ART patients to help with renewals and in case of displacement; supporting district pharmacists in collecting data and ordering drugs from the central pharmacy; and using HAI pickup trucks to help transport ARVs from Abidjan to district pharmacies and local health sites.

HAI staff has worked to coach and integrate auxiliary health staff (usually local people who are not likely to leave in case of trouble) in service provision and to shore up sagging health district leadership and supervision by conducting regular support and supervision visits to sites.

To minimize the effect of closures of Global Fund-supported labs, HAI has been transporting samples from local health facilities to PEPFAR-supported labs. HAI has subcontracted with at least 10 local NGOs to support HIV care and provide community counselors in health facilities to link services, counsel newly diagnosed HIV patients, and conduct home visits.

HAI is also taking steps to mitigate a potential worst-case scenario that would shut most public health facilities, including identifying and starting negotiations with selected health facilities (mostly community/private/religious) that will serve as reference health centers for continuity of service and evaluating and planning for their needs in human resources, equipment, and logistics.

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For CDC/PEPFAR partner **Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)**, which supports more than 38,000 patients on ART at



An EGPAF driver returns from the PSP with ARVs to be delivered to up-country treatment sites.

146 sites, the top priority is to ensure that treatment continues without interruptions. EGPAF has deployed its logistical resources to support the Public Health Pharmacy in conveying medications to treatment sites ranging from Abidjan to Ferkessedougou in the far North. EGPAF has also prioritized:

- Providing technical assistance to health-care workers at temporary camps for displaced people to

ensure provision of HIV care to patients in Abidjan and in the East, Center, and Southwest.

- Presenting and explaining a new ID form for displaced patients to facilitate ARV renewals and to have a record of ARV dispensation at sites.
- Collecting patient directories to find out

## Under impossible conditions, partners show what is possible

*In the face of growing insecurity and bank closures, PEPFAR Côte d'Ivoire implementing partners continue to prove their resourcefulness and commitment to serving those in need. Here are just a few examples.*

where patients have moved and direct them to the nearest care and treatment center.

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USAID/PEPFAR partners **AVSI** and **Save the Children** provide care and support for orphans and vulnerable children (OVC) and their families in some of Côte d'Ivoire's most troubled zones. When things heat up, the two partners and their local subpartners go to remarkable lengths – 90 km on a bicycle, for example – to find and help their kids.

**AVSI** works in the flashpoint neighborhoods of Abidjan (Abobo, Yopougon, Koumassi, Treichville) and in Bouake. With Abobo turning into a war zone and hundreds of thousands of residents fleeing, AVSI faces a double challenge: tracking its OVC families to their new destinations (sometimes at churches or in the street) and helping OVC families in other neighborhoods deal with the added burden of displaced relatives seeking shelter. About 1,700 of the families that AVSI supports have become host families to 3,400 OVC and relatives fleeing Abobo, straining family budgets for food, soap, and sleeping quarters.

Using a strategy of “lead” families who keep up with groups of other families, AVSI's 12 social workers and 22 community counselors from subpartners are able to maintain contact and assess the needs of project-supported OVC.

Despite frequent gun battles in Abobo, AVSI subpartner **AJECI** has stayed put and kept working. Eight displaced people have found shelter in the local NGO's offices, with a community counselor to accompany them. AJECI has also been able to trace 89 project families in Abobo, many of whom come to the office frequently for security, information exchange, and mutual support.

**Save the Children** works mainly in the West, where ethnic and political clashes have displaced tens of thousands of people from their homes. Tracking the OVC families they support, Save staff and community counselors from local subpartners **Noutous** and **Prevention Sans Tabou** find them in camps for displaced people, at churches, or in surrounding villages. Roger, a community counselor for Noutous, explains his approach: “First I visited five villages and found three of our families and took the children who were sick to the humanitarian organizations. ... But lacking medications for certain children, I borrowed a bicycle to go to Zouan-Hounien (45 km away) to

get meds for the kids. The 13 children that I found are doing well, and I organize ballets and traditional dances to cheer them up a bit.”

In Danane, Noutous OVC supervisor Alain Deho says his community counselors found two project families (with 13 children) at reception sites for displaced people and have obtained spots at the Danane market where both mothers can continue their income generating activities (selling rice and other food). Eight school-age children are taking part in remedial classes.

Benedicte, a 24-year-old single HIV-positive mother of three (ages 7, 3, and 2 months), recounts: “Things are getting very hard. I can't manage. I even had a kind of nervous breakdown where people said I was crazy. For a while they even took away my baby so I wouldn't hurt her. What saved me was the presence of the community counselors from Noutous, who came regularly to encourage me and give me advice. They ... found milk for my baby and spent time encouraging and playing with my other children. They come see me regularly, and that gives me courage.”

In Duékoué, community counselors for Prevention Sans Tabou are themselves among the displaced, living in camps and helping children around them obtain medical care, find food, and participate in recreational activities. “Auntie Simone (a community counselor) helps us a lot here in the camp,” says one child staying with two siblings and their widowed HIV-positive mother at a Catholic center after their home was destroyed. “When the hospital was closed, she took us to the camp doctors to get us treated.”

“The situation is certainly hard,” says Simone, “but you've got to hold on, because there is hope and we are at your side.”

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Côte d'Ivoire's Food by Prescription pilot, led by the Ministry of Health's HIV/AIDS care and nutrition programs with technical assistance from USAID/PEPFAR partner **AED/FANTA**, has had to adjust repeatedly to crisis conditions. With some targeted ART and PMTCT sites difficult to access, a revised list of 30 sites in the Abidjan area was selected to receive an initial stock of 35 tons of fortified corn-soya blend (CSB). PEPFAR implementing partners **EGPAF**, **ACONDA-VS**, and **Columbia University-ICAP** supplied vehicles, fuel, and labor over three days to help move 8,699 bags of CSB to the sites. A revised training and coaching schedule will ensure that providers are ready to prescribe the food for malnourished HIV patients, pregnant/lactating women and their infants, and OVC.

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Like many other partners, USAID/PEPFAR/NPI partner **Geneva Global**, which supports local subpartners who provide HIV prevention and care services, took a number of steps to make working easier, safer, and more effective. Among other things, Geneva Global:

- Designated a security focal point and wrote

Please see 'PARTNERS' on Page 4



Benedicte with her children and Save the Children staffer William Chukuma





## New national standards strengthen OVC care and peer education

Côte d'Ivoire's efforts to implement high-quality, evidence-based HIV prevention and mitigation programs took two steps forward in February with the validation of national standards for peer education and for care and support for orphans and vulnerable children (OVC).

With technical assistance from USAID/PEPFAR partner University Research Company (URC), national stakeholders concluded separate 18-month planning, development, and piloting processes to approve the two documents.

### Peer education

Concerns about the quality, evidence base, and effectiveness of HIV prevention interventions led the ministries of health and AIDS to join with PEPFAR and other stakeholders to develop national standards addressing planning, message development, selection and training of peer educators (PEs), how to conduct a session, maintenance, supervision, M&E, and sustainability.

The process started in July 2009 with a rapid assessment of existing PE programs and the establishment of a technical working group that drafted standards based on best practices. Development of consensus on the standards included focus groups with target populations (youth, sex workers, and soldiers) and a workshop involving ministries, program managers, PEs and supervisors, and donors.

The standards were piloted from last August to January in four regions with 25 community-based organizations working with sex workers, youth, and soldiers. Activities included training of 38 coaches, learning sessions with 99 NGO staff, and periodic coaching visits to evaluate application of the standards in the field.

The document will be used by program designers and managers to help ensure that PE programs are measurably effective in changing target audiences' knowledge, attitudes, and skills related to HIV.

### OVC care and support

The National OVC Program (PNOEV), technical staff from relevant ministries, PEPFAR, its partners, and OVC themselves worked together to develop OVC standards that define the seven essential services to be provided to OVC based on individual needs, as well as the desired and measurable outcomes of those services and key activities to improve service quality.

Drawing on national and international best practices, stakeholders drafted standards in October 2009 and piloted them at four sites. With URC assistance, staff of the PNOEV, social centers, and technical partners were trained as coaches to facilitate standards implementation by local NGOs, which in turn were trained on quality improvement and standards implementation.

Quality improvement teams comprising local NGO staff, OVC and their families, and community leaders (teachers, doctors, nurses, etc.) were established to lead the implementation of quality standards. Finalization of the standards included two workshops specifically for OVC.

The quality improvement process for OVC is considered a success based on achievement of its three main purposes, which were to show that:

- OVC standards are feasible.
- The use of standards improves the implementing strategies of community organizations.
- The use of standards can make a measurable difference in children's lives.

## 2 generic ARVs approved for import, saving millions

The national HIV/AIDS treatment program and PEPFAR will save millions of dollars – more than \$1.4 million this year alone – on two important antiretroviral drugs (ARVs) through waivers and registration allowing the use of generic rather than branded versions of the medications.

The Directorate of Pharmacy and Medicine of the Ministry of Health and AIDS granted waivers to allow USAID/PEPFAR partner SCMS to import generic formulations of efavirenz/emtricitabine/tenofovir 600/200/300mg (Atripla) 30 tabs and tenofovir/emtricitabine 300/200mg (Truvada) 30 tabs. Drugs must go through a lengthy in-country registration process or have waivers in order to be imported legally. The Atripla waiver is open-ended while the manufacturer completes registration, and the generic Truvada formulation has since completed registration, clearing the way for continuous procure-

	Brand price	Generic price	Savings this year
Atripla	\$50.40	\$19.92	\$752,600
Truvada	\$25.50	\$11.25	\$712,916

ment of the two generics.

With these advances, 85% of ARVs that PEPFAR supplies to Côte d'Ivoire will be generics.

Using cheaper generic formulations is an important cost-reduction strategy for the national program and PEPFAR. Other efficiency measures, cited in PEPFAR's recent approval of a special \$3.35 million boost in ARV funding, include revising the national ARV formulary to reduce the number of regimens from 40+ to 12. A workshop to complete this revision, postponed repeatedly due to the crisis, was planned for early April.

## News in Brief



In Côte d'Ivoire, International Women's Day observances included a day of radio messages and debates organized by the staff of CDC/PEPFAR partner International Rescue Committee, highlighting women's rights and gender-based violence in the context of HIV/AIDS and the country's humanitarian crisis.

The 100<sup>th</sup> anniversary of **International Women's Day** (March 8) was an occasion for the U.S. government and PEPFAR to reaffirm their commitment to a range of interventions designed to achieve gender equity, end gender-based violence (GBV), and improve maternal and child health.

Secretary of State Hillary Rodham Clinton celebrated International Women's Day by launching the 100 Women Initiative, a global partnership on maternal and child health, and honoring the International Women of Courage Awardees with First Lady Michelle Obama and Ambassador-at-Large for Global Women's Issues Melanne Vermeer.

"The United States continues to make women a cornerstone of our foreign policy," Clinton said. "It's not just the right thing to do. It's the smart thing. Women and girls drive our economies. They build peace and prosperity. Investing in them means investing in global economic progress, political stability, and greater prosperity for everyone — the world over."

Highlighting its focus on women and girls, PEPFAR published a series of posts on women and gender issues. (See [http://blogs.state.gov/index.php/site/entry/pepfar\\_gender\\_strategy\\_hiv\\_gbv](http://blogs.state.gov/index.php/site/entry/pepfar_gender_strategy_hiv_gbv) and the links for related entries). Global AIDS Coordinator Eric Goosby noted that "PEPFAR reflects America's deep commitment to improve the health of women around

the world. When women are healthy, they are better able to keep their families and communities together, leading to benefits for all of us."

PEPFAR also announced the appointment of its former Assistant Global AIDS Coordinator, Michele Moloney-Kitts, as managing director of **Together for Girls**, a global partnership launched by the Clinton Global Initiative in 2009 and dedicated to ending violence against girls.

In related news, PEPFAR completed its **Special Initiative on Sexual and Gender-Based Violence** in January. The initiative, launched in 2007, complements ongoing efforts to develop an evidence base on sexual violence programming in Africa. Under the initiative, assessments were conducted in Rwanda and Uganda, and services were implemented by PEPFAR clinical partners. A step-by-step resource guide based on their findings is available at <http://www.popcouncil.org>.

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Five new **free PEPFAR eLearning courses** are available at USAID's Global Health eLearning Center (<http://www.globalhealthlearning.org>):

- Data Use for Program Managers
- Economic Evaluation Basics
- Geographic Approaches to Global Health
- PEPFAR Next Generation Indicators Guidance

- Male Circumcision: Policy and Programming  
All courses are free and can be completed at your own pace. More than 45 courses are available on a wide variety of global health topics, developed by USAID, CDC, OGAC, and other PEPFAR agencies and partners to provide timely technical and programmatic information.

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If you know of **suspected fraud, mismanagement, or misuse** of U.S. government funds, please report it. You can talk to your PEPFAR focal point or agency head, or you can report it (anonymously if you wish) directly to the agency.

- USAID: 001-202-712-1023 or 001-800-230-6539, [http://www.usaid.gov/oig/hotline/hotline\\_complaint\\_frm.html](http://www.usaid.gov/oig/hotline/hotline_complaint_frm.html)

- CDC: 001-800-447-8477, [http://oig.hhs.gov/report\\_fraud/OIGFraudForm.asp](http://oig.hhs.gov/report_fraud/OIGFraudForm.asp)

# A message of support in a time of crisis

*from U.S. Global AIDS  
Coordinator Dr. Eric Goosby*

**T**he situation in Côte d'Ivoire is extremely precarious and volatile, yet the U.S. government remains committed to supporting Côte d'Ivoire's fight against HIV/AIDS through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR has a long history of working in Côte d'Ivoire and other countries in conflict. In these settings, PEPFAR partners have exhibited incredible courage and dedication, working in challenging environments to ensure HIV/AIDS treatment, prevention, and care services.

In the face of the current circumstances in Côte d'Ivoire, PEPFAR partners have led heroic efforts to keep life-saving programs running. I am committed to doing everything in my power to continue to support PEPFAR's vital work. My colleagues and I take this duty extremely seriously, as we recognize that the lives of people depend on our continued support for essential services.

At PEPFAR, we are working to find real solutions to the variety of challenges our partners are facing in Côte d'Ivoire. Un-

fortunately, with the reports of spreading violence and instability, the safety of partners and program beneficiaries is a major concern.

During this difficult period, PEPFAR has prioritized programs that provide essential services. These services include antiretro-

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viral drug distribution, HIV/AIDS treatment services for existing patients, and prevention of mother-to-child transmission programs. They also include support for orphans and vulnerable children and some prevention services, such as those that ensure the safety of the blood supply and provide post-exposure prophylaxis for victims of sexual violence. To address challenges due to the closure of interna-

tional banking institutions, we are working with a variety of partners to mobilize funds to keep these essential programs running.

Access to antiretroviral treatment is particularly critical because people on treatment rely on this medication to stay alive. As noted above, we are working with our partners to support Côte d'Ivoire's efforts to maintain the drug supply in-country. With the aid of the Supply Chain Management System, a PEPFAR-established partner consortium, we have been able to carefully track drug stocks. We are also working with partners like the Global Fund to Fight AIDS, Tuberculosis and Malaria – another key supporter of HIV programs. In March, the Global Fund approved a \$2.5 million procurement of antiretroviral drugs, which will help to ensure the availability of medications.

As the next step in our emergency planning, we are supporting key activities in the national contingency plan by supporting efforts to establish two antiretroviral drug distribution sites in every health district and pre-position additional drug stocks in these sites. We are also exploring a way for clients in Côte d'Ivoire to access antiretroviral treatment at sites just across the border in Ghana. These preparations will help us to continue to respond in the event that treatment access is compromised.

Although the situation in Côte d'Ivoire is changing daily, we will continue to work to make sure that our HIV programs serve those in need. I hope for a swift end to the violence, for the continued safety of PEPFAR beneficiaries and partners, and for peace for all the people of Côte d'Ivoire.

## Partners

*Continued from Page 2*

security, evacuation, and contingency plans.

- Conducted regular security meetings to inform staff and check on their psychological state.
- Removed USAID/PEPFAR stickers from project vehicles, with USAID/PEPFAR approval.
- Provided staff with mobile modems so they could work from home and conduct meetings via Skype.
- Adjusted work hours to let staff go home earlier.
- Provided shuttle service for staff when public transportation wasn't running.
- Helped subpartners (**FEMAD, AMEPOUH, GBH**) who couldn't reach OVC, PLWHA, or prevention clients to implement compensatory strategies, such as calling on other local organizations and OVC platforms to help with monitoring, conduct home visits and support group meetings, and even send a nurse to provide care in distant villages; adjusting

community counselor assignments to put them closer to beneficiaries; and engaging local community leaders to help mobilize funds to keep services going.

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If launching a new project is hard, doing so during a crisis can be a baptism by fire. The **International Rescue Committee (IRC)**, no stranger to crisis conditions, worked hard to make sure that all local and regional political, traditional, health, social, and military authorities were well-briefed on their plans to conduct new CDC/PEPFAR-funded HIV prevention and care activities in volatile western and central Côte d'Ivoire. That makes it easier to move around, especially on days when there's trouble. When training of peer educators (PEs) was blocked due to security concerns, IRC called on experienced health animators from local NGO **ASAPSU** to accompany the new PEs in preparing, conducting, and evaluating their sessions, thus getting 13 PEs started without delay.

## More on the Web

[www.mlsida.gouv.ci](http://www.mlsida.gouv.ci)  
<http://abidjan.usembassy.gov/PEPFAR.html>  
[www.PEPFAR.gov](http://www.PEPFAR.gov)

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